Douglas A. Ducey **Governor** 



Justin Bohall **Executive Director** 

1740 West Adams Street, Suite 2430 • Phoenix, Arizona 85007 Voice: (602) 864-5088 | TTY (800) 367-8939 (AZ Relay Service) www.chiroboard.az.gov

## **Request for Verification of Licensure**

Please complete and submit this form to request a license verification or letter of good standing. Please enclose a check or money order for \$25.00. You may also contact the Board to pay by credit card. If the state or agency requires a specific form to be completed please include it with this request, otherwise the Board's standard verification form will be used. Please allow up to 2 weeks for processing.

Mailing Address (number and street or rural route)    State		Requ	iestor's	Co	ontact Information				
5. E-mail address: (This address will not be a public record)	. Last Name	2. First Name							
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Board Staff Use Only:					
Staff Reviewed & Processed:	Notice Sent:	Additional Documents Included:			